

IPAS 2004 Annual Report

A MESSAGE FROM THE EXECUTIVE DIRECTOR

IPAS is an independent state agency separate from all other state agencies and programs. IPAS was established in 1977 in response to federal requirements for a program to advocate for the rights of individuals with developmental disabilities. Since then, more programs have been added to serve the advocacy needs of specific groups of individuals with disabilities.

Like the rest of America, Indiana obtains great strengths from the diversity of our people. The advantages of diversity can be seen all around us, through people who share differing abilities, experiences, traditions and ideas that enrich our lives and our culture.

For the good of everyone in Indiana, the Indiana Protection and Advocacy Services Commission is here to defend the rights of citizens with different abilities and extend equal opportunity and empowerment to people with disabilities.

Today, it is estimated that there are more than 56 million Americans with disabilities. A disability is a physical or mental impairment that substantially limits one or more major life activities. To help ensure that no one is excluded from participating in the mainstream of society, Congress has enacted laws providing a variety of support services and programs for people with disabilities.

People with developmental or physical disabilities, and/or mental illnesses, are also protected under laws that prohibit discrimination, abuse and neglect. To see that the human, legal and civil rights of people with disabilities are affirmed, Congress established protection and advocacy (P&A) systems in each state.

Indiana Protection and Advocacy Services provide advocacy for Indiana citizens. IPAS proudly serves people with disabilities, helping them exercise their right to appropriate treatment, as well as providing training and resources to ensure their inclusion in the life of our communities.

IPAS continued its work to advocate for people with disabilities in 2004. We received more than 3,000 inquiries for information and referral during the year. These inquiries make it clear that even though our country's laws state equal treatment for all people—a different scenario occurs.

IPAS staff spoke to more than 22,016 people at training, presentation and awareness events. The IPAS Web site also recorded a record number of 606,336 visits. And, the IMPACT newsletter was distributed twice in 2004 reaching 14,000 people.

Our programs continue to build on our already strong foundation of programs and services. As we reflect on a successful year, we are excited about the future of IPAS.

In 2005, we will continue to look for opportunities to reach our customers and empower individuals with disabilities to protect and defend their rights.



Thomas Gallagher

INSIDE

IPAS At a Glance.....	3
IPAS Program Descriptions	4
IPAS Program Priorities	5
IMPACT Year in Review	6
IPAS Support	18
Agency Year in Review	20
Relationships with other Agencies.....	22
IPAS Commission, Council and Staff members	23

WHAT OUR CLIENTS ARE SAYING....

“Your Protection and Advocacy service is truly wonderful. Thanks for all the help you have provided. Keep up the good work!”

“The response I received was extremely helpful. I was impressed by the depth and thoroughness of the response as well.”

“Thank you for your recommendation and invaluable service.”

“An advocate was extremely helpful and resolved the problem quickly. I now use Yellow Cab without problems.”

“You provided me with more than enough information and assistance regarding the PABSS program.”

“You went above and beyond! I’ll never be able to express my thankfulness.”

BY THE NUMBERS

Total requests for information and referral	3,249
Total individuals served	595
Total speaking events (awareness, presentations and exhibits attended by staff).....	219
Total training events attended by staff.....	75
Total number of people reached at speaking engagements	22,016
Web site hits	606,336

DEMOGRAPHICS FOR 2004**GENDER**

Female	254
Male	341

ETHNICITY/RACIAL BACKGROUND

Asian	3
Black	86
Hispanic	16
Multicultural	2
Native American	4
White.....	484

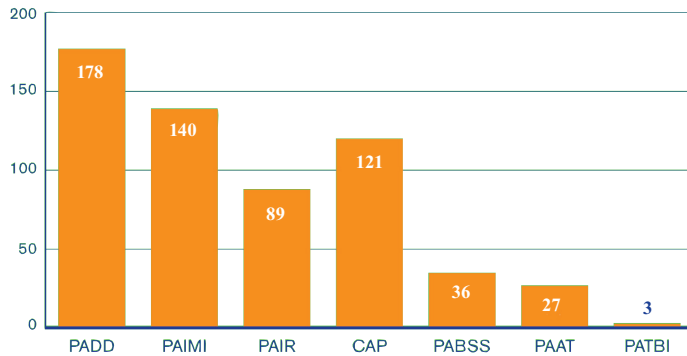
DISABILITY

Absence of extremities	3
AIDS/HIV positive	3
Alcoholism and other substance abuse.....	4
Autism.....	20

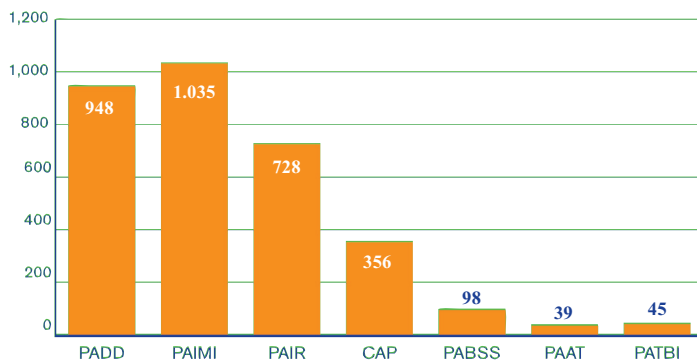
Blindness and other visual impairments.....	19
Bi-polar	13
Cerebral palsy	27
Deaf/blindness.....	2
Deafness and other hearing impairments	23
Diabetes and other endocrine disorders.....	2
Digestive disorders.....	1
Epilepsy.....	3
Genitourinary disorders	2
Heart & circulatory disorders, including stroke	7
Learning disability and ADD/ADHD	49
Mental illness	160
Other emotional/behavioral impairments	18
Mental retardation.....	132
Multiple sclerosis.....	7
Muscular dystrophy	7
Muscular/skeletal impairments	16
Neurological disorders	9
Physical/Orthopedic impairments.....	45
Respiratory disorders	4
Schizophrenia.....	4
Speech impairments.....	2
Spina Bifida	3
Tourette syndrome	2
Traumatic Brain Injury (TBI)	9
All other disabilities.....	3

IPAS At A Glance

595 INDIVIDUALS REPRESENTED



3,249 INDIVIDUALS RECEIVING INFORMATION AND REFERRAL



EDUCATION AND TRAINING

TOTAL SPEAKING EVENTS

219

TOTAL NUMBER OF PEOPLE REACHED AT SPEAKING EVENTS

22,016

THE ISSUES

ABUSE AND NEGLECT

RESIDENT AND TREATMENT RIGHTS

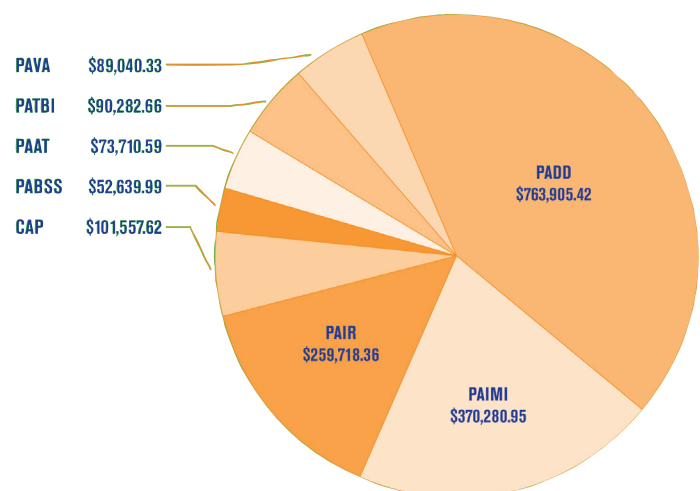
ADA

TRANSITION

TICKET TO WORK™

HOUSING AND DISABILITY

IPAS PROGRAM FUNDING



IPAS Program Descriptions

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (PADD)

Mandate: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (see 42 U.S.C. 15043)

For individuals who meet the federal definition of developmental disabilities, PADD's role is to ensure that people with Developmental Disabilities and their families participate in the design of and have access to needed community services, individualized support, and other forms of assistance. PADD is funded out of the Administration of Children and Families (ACF) and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)

Mandate: Protection and Advocacy for individuals with Mental Illness Act of 1986 (see 42 U.S.C. 10801 et. seq.)

PAIMI seeks to protect and advocate for the rights of individuals with mental illnesses in both institutional and community settings. The PAIMI program investigates allegations of abuse, neglect, and rights violations for people with mental illnesses. PAIMI is funded out of the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services.

CLIENT ASSISTANCE PROGRAM (CAP)

Mandate: Section 112 of the Rehabilitation Act (see 29 U.S.C. 10801 et. seq.)

For individuals seeking services from a program or project funded by the Rehabilitation Act. In Indiana, this would be Vocational Rehabilitation Services, and Centers for Independent Living. CAP is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT)

Mandate: Assistive Technology Act of 1998 (see 29 U.S.C. 3001 et seq.)

For Individuals with disabilities seeking Assistive Technology (devices or systems used to improve or maintain the capabilities of persons with disabilities). Designed to promote the provision of assistive technology and services through systemic reform, PAAT has the authority to litigate class action issues and negotiate compliance with federal law. PAAT is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY (PATBI)

Mandate: Children's Health Act of 2000

This program's purpose is to expand advocacy services for individuals with traumatic brain injuries and to expand the service delivery system for this group of individuals. PATBI was created through a grant from the Department of Health and Human Services, Health Resources and Services Administration.

PROTECTION AND ADVOCACY FOR VOTING ACCESS (PAVA)

Mandate: Help America Vote Act of 2002

IPAS role under the Protection and Advocacy for Voting Accessibility (PAVA) program is to help ensure that voting systems and polling places are accessible for individuals with disabilities, and to assist individuals with disabilities in exercising their rights to file a voting rights complaint related to their voting rights. PAVA is funded out of the Administration of Children and Families (ACF), and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY (PABSS)

Mandate: Ticket to Work™ and Work Incentive Improvement Act of 1999

For individuals with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) who want to work or return to work. The role of PABSS is to provide advocacy for beneficiaries of Social Security who have problems obtaining, maintaining and retaining employment. PABSS is funded by the Social Security Administration.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM (PAIR)

Mandate: Section 509 of the Rehabilitation Act (see U.S.C. 794e)

For individuals who meet the ADA definition of disability, and who are not eligible under the other programs. The Protection and Advocacy of Individual Rights (PAIR) Program is a federal formula grant program established under Section 509 of the Rehabilitation Act to promote the legal and human rights of people with disabilities. PAIR also addresses systemic reform issues to promote compliance with the Americans with Disabilities Act. PAIR is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services Administration.

IPAS Program Priorities

ABUSE AND NEGLECT

- To reduce or eliminate, the abuse and neglect of individuals with disabilities.
- To provide timely and accurate information to individuals with disabilities their families and professionals about disability rights.
- To increase awareness and empowerment through provision of training and technical assistance to individuals with disabilities, their families and professionals about disability rights and exercise of these rights.
- To reduce or eliminate the denial of rights and discrimination of individuals due to a diagnosis of a mental illness.

SPECIAL EDUCATION

- Represent students with disabilities whose educational services have been inappropriately reduced or terminated due to suspension or expulsion, in order to assure their right to receive a free and appropriate public education.
- Represent students with disabilities who have been denied educational benefits of or subjected to discrimination in four targeted special education districts, in order to assure their right to receive a free and appropriate public education.

ACCESS AND OTHER RIGHTS

- Assure physical, program and service access for individuals with disabilities through compliance with the American's With Disabilities Act and the Fair Housing Act.
- Assure access of individuals with disabilities to polling places through compliance with the Help America Vote Act.
- Assist individuals with disabilities in obtaining the assistive technology services and devices they need to function more independently.

- Maintain an on-going effort to identify emerging and existing barriers which inhibit individuals with disabilities from full participation in their communities and the exercise of their rights.

EMPLOYMENT

- Assist eligible individuals with disabilities in securing services through Vocational Rehabilitation Services and Independent Living Centers.
- Promote and preserve individuals rights to make informed choices as they fully participate in the vocational rehabilitation process.
- Assist beneficiaries of Social Security in securing services through employment programs under the Ticket to Work and Self-Sufficiency Program.
- Identify and correct deficiencies with entities providing services to individuals through the Vocational Rehabilitation and Ticket to Work and Self-Sufficiency Programs.

AGENCY-WIDE PRIORITIES

- To assure the provision of high quality advocacy Services.
- Outreach to the public and to individuals with disabilities, concerning disability rights issues, IPAS services and successes.
- Outreach to minority and underserved individuals with disabilities, concerning disability rights issues, IPAS services and success
- Provide timely and accurate information for management and reporting.

IPAS Mission Statement

**TO PROTECT AND PROMOTE THE RIGHTS OF INDIVIDUALS
WITH DISABILITIES, THROUGH EMPOWERMENT AND ADVOCACY.**

IMPACT Year in Review 2004

ABUSE AND NEGLECT

Freedom from abuse and neglect is a fundamental right. Abuse and neglect prevents individuals with disabilities from leading their lives as fully and as independently as they wish. One of the primary purposes of Indiana Protection and Advocacy Services Commission is to work towards eliminating abuse and neglect of individuals with disabilities. Abuse and neglect can be defined in many different ways. In addition to physical and sexual abuse, financial exploitation and inappropriate treatment may be considered as abuse or neglect.

During the past year IPAS responded to approximately 300 allegations of abuse and neglect on behalf of 240 clients in institutional and community settings e.g. state operated facilities, comprehensive mental health centers, group's homes, jails and prisons.

Here are some representative cases that illustrate the type of problems individuals with disabilities face as well as some solutions that resulted from IPAS intervention.

ABUSE AND NEGLECT: IN-STATE OPERATED FACILITIES

Representative case: "James" contacted IPAS with an allegation that he was not receiving appropriate medical care for his broken ankle. The IPAS Advocate determined that the staff of the facility had been aware of his broken ankle and had provided initial treatment following the injury. The injury occurred as the result of a jump from a window during an attempted elopement from the facility. During the course of fact finding, the Advocate reviewed a clinical chart note recommending physical therapy to address his recovery. However, the treating physician had not ordered a follow-up visit on the recommendations. The physician indicated that due to the patient's security risk for elopement, services provided off grounds would be weighed against the patient's needs. The Advocate was successful in negotiating with the physician to review the situation. Following the review, an outside consultation with another physical therapist was completed. The outside consultation was completed within three weeks of the initial contact with the physician. The new consultant did not recommend ongoing physical therapy citing that it was doubtful that even with aggressive therapy there would likely be no benefit due to the history of numerous breaks. The consultant did recommend exercises that James could do on his own. James was taught the exercises. Additionally, the staff members were taught these exercises so that they could assist and reinforce the correct procedures of these exercises for the client.

* The names in these cases have been changed to protect the anonymity of the clients

Outcome: James received more appropriate treatment and by participating in his own recovery increased the level of control over his treatment.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- Verbal abuse/retaliation was substantiated and the complaint resolved.
- Physical assault was investigated resulting in the removal of the aggressive residents to another unit within the facility.
- An allegation of sexual abuse by staff was investigated resulting in changes to the environment and termination of staff (unfortunately, prosecution was not initiated).
- Transition to the community occurred earlier than expected.
- Medication changes to therapeutic dosages and a change in client's habilitation increasing personal empowerment.
- Inappropriate fluid restriction was stopped.
- Two allegations of physical abuse were investigated by the state operated facilities (monitored by IPAS) and resulted in staff terminations.

ABUSE AND NEGLECT: COMPREHENSIVE MENTAL HEALTH CENTERS

Representative case: While not all IPAS investigations of abuse/neglect substantiate wrong doing by a provider, sometimes verification that allegations are unfounded can be reassuring to a patient. That was the case with “David,” a male resident of a comprehensive mental health center’s group home in southern Indiana. He contacted IPAS with allegations that staff had taken his benefit check and made verbal threats to him when he complained. Following fact-finding, interviews with staff and records review it was evident that the allegations of financial exploitation and staff intimidation were most likely due to his symptomology, hence the allegations were unsubstantiated. However, opportunistically the IPAS Advocate championed for changes in the client’s treatment plan in the attempt to address the negative symptomology.

Outcome: Provided as an accommodation and therapeutic measure, new staff was assigned to David as well as counseling which was provided to help minimize his suspicions concerning the safety of his funds. At time of case closure, new staff members were in place and the procedures that were established in handling his funds seemed to alleviate his beliefs of inappropriateness on the staff’s part, freeing him to focus on the other aspects of treatment plan.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- Improved living environment, improved health and safety.
- Policy change resulting in increased health and safety.
- Improved treatment planning to better meet the consumers’ needs.
- Discharge consistent with treatment plan.

ABUSE AND NEGLECT: ROOM AND BOARD ASSISTANCE

Representative case: “Jane” was residing in a Room And Board Assistance facility and contacted IPAS with allegations that although she had been determined to be discharge ready, the facility was doing nothing toward arranging for that discharge. Based on IPAS’s review, the facility had not developed a treatment plan to fully address the goals she needed to achieve. IPAS contacted the committing court in order to clarify the court’s expectations under the commitment. The Judge responded directly to Jane in a letter which reiterated what treatment goals must be achieved in order to facilitate her transfer to another facility 100 miles away in Hammond, Ind., her home community.

Outcome: The Judge’s letter motivated Jane to increase her determination and cooperation to work with the treatment team to achieve the newly developed goals of her plan. With IPAS support Jane began to work hard toward her release. She soon was released and moved back to Hammond, Ind., to be closer to her family. Since her move to a group home, her transition has gone well and her family has increased their involvement in her life now that distance is no longer a barrier.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- Change to the environment resulting in an increase to health and safety.
- Client discharge consistent with treatment plans.
- Treatment plans revised to be more appropriate for individuals.
- Resident rights restored.
- Personal decision-making maintained or restored.

ABUSE AND NEGLECT: CORRECTIONAL FACILITIES

Representative case: Concerned family members contacted IPAS in regard to their son “John.” He was incarcerated in the local county jail. Despite a diagnosis of mental illness, the family alleged that he was not being given his prescription medications for his mental illness. Upon investigating the allegation, IPAS found that the jail had indeed failed and was not providing appropriate treatment for his diagnosed mental illness. The jail staff had initially failed to fill his prescription. Once the prescription was filled, the neglect was further compounded as staff failed to administer the proper dosage. It was further discovered that the jail utilized guards who had no training to dispense medication.

DID YOU KNOW?

There is growing evidence that children with disabilities are more than twice as likely to be abused than children without disabilities. Boys with disabilities are more than four times as likely to be abused than boys without disabilities.

Outcome: Due to IPAS’s intervention the jail implemented a new policy which shifts the burden of dispensing medication away from the guards to (and more appropriately) the nursing staff. Hopefully this change will benefit future inmates who need psychiatric medications.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- An inmate increased their cooperation with their psychiatric treatment program.
- A juvenile inmate with a history of mental illness had been receiving no special education services and with IPAS intervention received an appropriate IEP and special education services.
- An inmate with an orthopedic impairment received the orthotic device he needed.
- An inmate contacted IPAS with allegations of medical neglect and discrimination based on disability. He was diagnosed with COPD, diabetes, morbid obesity (600 pounds), high blood pressure, sleep apnea, and depression. Through IPAS intervention he received appropriate assistance in bathing, clothing in his appropriate size, and facility approval for him to participate in activities previously denied him due to his inability to access them due to his size.
- A juvenile inmate was classified as eligible for 504 services, received an appropriate IEP and began receiving educational services appropriate to address his disability needs.

ABUSE AND NEGLECT: LEAST RESTRICTIVE ENVIRONMENT/ SAFE COMMUNITY SETTINGS/APPROPRIATE HABILITATION PLANS

Representative Case: “Donna” has progressive ataxia, a seizure disorder, sclerosis, a vision impairment, and uses a wheelchair due to her mobility impairment. Donna called IPAS after first receiving and then being denied services under the Aging and Disabled Waiver. She had successfully lived in community residential settings since 1991. Medicaid denied services because the plan of care was deemed not to be cost-effective according to the state’s strictest interpretation of federal statute.

Outcome: IPAS successfully argued on appeal that it was in fact cost-effective as well as beneficial for her to continue to live in the community. Donna won the appeal and at IPAS’s last monitoring visit prior to closing her case, all was going well.

DID YOU KNOW?

More than 25 percent of mental health agency clients have been a victim of violent crime. This is more than 11 times the rate for the general population.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- A resident whose medical needs were not being adequately addressed by her residential services provider was assisted in moving to an alternate placement.
- Physical assault was stopped.
- Access to more appropriate services was secured in inclusive and integrated settings.
- Maintained client choice for change of provider.
- Appropriate habilitation plans were written.
- Maintaining client choice for change of provider.
- Elimination of financial exploitation.
- Staff training to respond appropriately to client needs.
- Impacting community capacity through collaborative efforts with other agencies.
- Ensuring that individuals in ICF-MR’s scheduled for closing had client choice as well as appropriate discharge planning and placement in the least restrictive environment.
- Securing reasonable client accommodations.
- Maintaining family home placements with appropriate services.
- Clients receiving and/or maintaining appropriate treatment and/or case management services.
- Clients securing information regarding their rights and self-advocacy.
- Clients being able to self-advocate.
- Medicaid services were secured upon IPAS representation at appeals.

ABUSE AND NEGLECT: GUARDIAN AD LITEM

IPAS serves as guardian ad litem (or court-appointed counsel) for individuals with disabilities to provide additional protection to preserve their rights during various legal proceedings.

Representative case: IPAS was contacted regarding “Gladys,” an 18-year-old woman who wished to continue to live in the community with her mother. Her parents however, had conflicting ideas about her care and both her mother and father had filed to become guardian of person and estate for Gladys. The court appointed IPAS as guardian ad litem to protect her rights in the guardianship proceeding.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- A woman’s social security benefits were protected from exploitation by a relative.
- An individual with a head injury resulting from a vehicular accident contacted IPAS with concerns over his two brothers being his legal guardians. The Judge contacted IPAS and issued an order to appoint IPAS as guardian ad litem to protect his disability rights.
- Increased participation in decisions regarding treatment.
- Increased participation in decisions regarding services.
- Securing information about rights and how to enforce them.
- Advocating on one’s own behalf as a result of IPAS involvement.
- Personal decision-making maintained or expanded.
- Financial entitlements were maintained and/or secured.

Outcome: IPAS assisted Gladys, her mother and father to reach a settlement. The mother was then appointed guardian of person and estate for Gladys. Gladys was able to continue living in the community with her mother.

ABUSE AND NEGLECT: RESIDENT/HUMAN RIGHTS

IPAS works to strengthen state-operated facility policies and practices regarding resident rights through participation on Resident/Human Rights Committee meetings. Each state-operated facility’s human rights committee is responsible for ensuring the rights of hospital patients and reviewing proposed policies to promote the hospital’s organizational code of ethics and the State of Indiana Code of Ethics. The primary role of IPAS advocates participating on the committees is to serve in an advisory role in which we sit as a regular, non voting ad-hoc committee member. Because the committee’s activities impact all residents, IPAS participation on them is an important opportunity to impact systemic change in each facility.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- Protection of equal rights for residents to have the same rights as employees as relate to the use of tobacco products.
- Regular review of resident restrictive interventions in treatment plans, with an eye toward protecting the residents reasonable rights to refuse treatment and to participate in treatment decisions.
- Promotion of resident rights in the development of the state regional services centers system throughout the state.
- Residents who are unable to provide informed consent for medical and dental services are reviewed with the possible recommendation that the facility superintendent provide the consent when absolutely necessary. In this way residents who are too ill to make medical decisions are not denied critical treatment when needed.
- Facility policy changes are debated and discussed with the IPAS advocate keeping the focus on resident rights, resulting in changes which are less restrictive of such rights.

SPECIAL EDUCATION

Due to increased emphasis on school discipline, students with disabilities are at increased risk of termination or reduction of their educational services. Students, parents, and advocates need information and support to enable them to effectively self-advocate. There are also school systems in Indiana which exhibit ongoing violations of IDEA and Article 7 (Indiana's special education regulations).

IPAS represented over 60 students that had their educational services inappropriately reduced or terminated due to suspension or expulsion and took appropriate action to assure their right to receive a Free and Appropriate Public Education.

Representative Case: A mother called Indiana Protection and Advocacy Services regarding her 16-year-old son who had been placed on homebound services in October following an allegation of possession of drugs. The child had previously been identified by the school as Emotionally Handicapped. In reviewing the child's records, the IPAS advocate found no current behavioral plan or assessment. The advocate pointed out the failure to comply with special education rules and requested an IEP team meeting.

Outcome: The Director contacted the parent and arrangements were made to return the child to his home school. The expulsion proceedings were dismissed and additional services were provided to make up for the missed homebound services pending new testing and development of a behavioral plan.

DID YOU KNOW?

Individuals with Disabilities Education Act (IDEA) protects the rights of individuals with disabilities to obtain/retain appropriate education services.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- A student was restored to his full day of educational program from an alternative placement.
- A student was enrolled in inclusive classes with supports rather than expelled.
- A student with Tourette's Syndrome avoided expulsion and the student returned to full-day educational services with appropriate supports.
- A student left his GED program and returned to full-time day classes with IPAS help.
- IPAS helped a student establish eligibility under Section 504 of the Rehabilitation Act of 1973.
- After a student returned home from Silvercrest (a state-operated facility) the local school would only provide one to two hours per week of homebound. IPAS was able to increase hours of homebound and a transition plan was created to return the student to school.
- Expulsion was avoided for a student and an appropriate program was developed.
- A modified schedule and a behavior plan were implemented.
- Assisted a student in returning to school. At a manifestation determination it was determined that the student's behavior was not related to his disability. After Due Process was requested, the school vacated the prior determination and an educational program was agreed upon.
- Assisted a student in being identified under Article 7. Thus, a manifestation determination occurred, the student's behavior was determined to be related to his disability, and he was able to return to school.
- Information on educational rights was provided for parents/guardians to be effective self-advocates.
- Free and Appropriate Public Education (FAPE) services were provided/reinstated through IPAS intervention.
- Access to administrative/judicial processes were secured.
- The physical environment of a school was changed to meet a student's mobility needs.
- Testing and evaluation was secured to more effectively assess a student's needs.

SPECIAL EDUCATION

IPAS reviewed complaints of special education students in targeted special education entities that may have been denied the benefits of or subjected to discrimination under the provisions of the Individuals with Disabilities Education Act or Sections 504 and 508 of the Rehabilitation Act of 1973, to obtain/retain appropriate educational services.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- Investigation determined that a school policy prohibiting students from dyeing their hair loud colors was being administered in a manner equally impacting nondisabled as well as disabled students. Therefore no disability discrimination was found.
- A student had prescription medications in his backpack at school and he was subsequently expelled. After notification of his special education identification, placement at Richmond State Hospital was agreed on at a case conference. Prior to placement the student moved to West Virginia to live with his father and IPAS closed the case.
- IPAS intervention prevented expulsion of a student who had allegedly violated the school's drug policy. An appropriate IEP was developed and the student continued to receive educational services.
- A high school student was suspended, pending expulsion. This student's mother contacted IPAS to advocate for her son's return to school. The student was enrolled in a charter school.
- A student at Brown County School was expelled after calling his teacher a name. There was no Functional Behavioral Assessment. At the manifestation hearing the case conference committee found that actions were not a manifestation of disability. The student was suspended for his behavior and was considered for other placement. IPAS negotiated for the school to continue his schooling in the classroom until the end of school year.
- Through IPAS intervention, expulsion was avoided for a student and an appropriate program was developed.
- A student was repeatedly suspended due to behaviors, but with IPAS intervention, was found eligible for special education services and placed within appropriate setting and began to show marked improvements.
- A student was suspended and was told he would be expelled for not attending school. IPAS intervened and the student returned to school and completed the remainder of the school year.
- A student returned home from Silvercrest (a state-operated facility). The local school would only provide one to two hours per week of homebound instruction. IPAS was able to increase hours of homebound instruction and a transition plan was created to return student to school.
- Through IPAS intervention a modified schedule and a behavior plan was implemented.
- IPAS assisted a student in being identified under Article 7. Thus, a manifestation determination occurred, the student's behavior was determined to be related to his disability, and he was able to return to school.
- A parent contacted IPAS to request assistance in reviewing a student's eligibility under 504 and/or Article 7 supports. IPAS conducted an investigation, which included a thorough review of the student's educational and medical records and evaluations, along with several articles of DOE correspondence. The investigation indicated that the evidence did not support the position that the student should be eligible for either 504 and/or Article 7 support services. After contacting the parent with the results of the investigation, IPAS closed the case.

ACCESS: ENSURING INDIVIDUALS WITH DISABILITIES HAVE ACCESS TO PROGRAMS, SERVICES, BUILDINGS AND HOUSING

There are continual barriers to equal access to services, programs, and facilities for individuals with disabilities. These barriers include physical inaccessibility to governmental and public places, reluctance of medical providers to provide accommodations in the provision of their services, or outright denial of all types of services due to ignorance of both disability issues and the laws in place to protect those rights.

ACCESS: AMERICANS WITH DISABILITIES ACT

IPAS represented 49 individuals with disabilities to ensure access to programs or services under the Americans with Disabilities Act.

ADA TITLE II

Representative Case: A student enrolled in a special education plan, diagnosed with learning disabilities and mild cognitive disability, wanted to participate in varsity cross country and track, but was not able to because of an Indiana High School Athletic Association rule that required that a student must be receiving grades toward a diploma to participate. This student's IEP called for "pass or fail," and he was working toward a certificate of completion instead of a diploma. The IHSAA had a waiver provision for certain students, and the high school had applied for a waiver for this student in June of 2003, but had never been given a formal response. They had been advised orally to allow him to compete on the reserve teams while IHSAA reviewed the request for the waiver. As this process had been going on for a year, the parent had filed an ADA complaint with the U.S. Attorney's Office. IPAS contacted the Commissioner of IHSAA to appeal the case even though they had not made an official ruling. The Commissioner was cooperative in regard to discussing the matter, and indicated that they were considering a possible rule change. IPAS legal director reviewed the proposed rule change and written comment was submitted to the IHSAA agreeing with the proposed rule change. Additional material was submitted indicating that the situation appeared to be a 504 violation. Several states, which had previously had such a rule, had changed their rules to allow these students to participate.

Outcome: The IHSAA passed a rule change in their August 2004 meeting, so that students on a pass/fail program are now allowed to participate. The student was able to participate in cross country, and was able to qualify to run in the sectional. The rule change has the potential to affect a number of other students through out the state.

Additional investigations undertaken and outcomes achieved through IPAS intervention:

- Hamilton County Bureau of Motor Vehicles, Carmel Branch came into compliance with the ADA concerning accessible parking as a result of IPAS investigation.
- An individual was denied access to emergency room services because she had a service animal with her. The issue was resolved as a result of IPAS's intervention. A Hospital policy regarding service animals was developed, and all staff members, including doctors, were trained on the implementation of the policy.
- An individual alleged that Indianapolis city bus drivers were not announcing stops frequently enough for riders who have visual impairments to be able to orient themselves to the location on the route. As a result of IPAS involvement, the bus system strengthened the progressive discipline to drivers for violating policies on ADA compliance.
- IPAS investigated an allegation at the Indiana State Fairgrounds that the Family Exhibition 4-H Building was inaccessible to persons with mobility impairments. As a result of IPAS involvement, the Family Exhibition 4-H building was made accessible via ramps or elevators. Some of the other buildings, including one recently renovated building, were found to be within ADA specifications.
- An individual alleged employment discrimination by Southern Indiana Independent Living Center for an employee of the Center who had requested computer and software job accommodation. The investigation resulted in a referral to the Indiana Civil Rights Commission and the EEOC.

ACCESS: ENSURING INDIVIDUALS WITH DISABILITIES HAVE ACCESS TO PROGRAMS, SERVICES, BUILDINGS AND HOUSING

ACCESS: AMERICANS WITH DISABILITIES ACT (CONT.)

ADA TITLE III

Representative case: A client contacted IPAS and alleged that there was not adequate accessible parking and the ramp on the accessible route of travel was in need of repair at a strip mall in central Indiana. IPAS determined this to be true and negotiated with the property owner. The owner spoke with the tenants of the strip mall and determined that there was a greater need for accessible spaces than he had realized.

Outcome: The owner created more accessible spaces than required by the Americans with Disabilities Act and repaired the ramp on the accessible route.

Other representative outcomes of IPAS intervention include:

- A student's rights to privacy were protected when college improperly demanded that she provide medical records when she returned to school from medical leave.
- Investigate an allegation of denial of sign language interpreter for elective courses at the University of Indianapolis.
- Investigated the denial of services by Yellow Cab to an individual with a service animal.
- Access to para-transit services were maintained for a client.
- A case involving interpreter services at a doctor's office was resolved through assistance by contact with Deaf Services and self-advocacy by the consumer.
- The IPAS Advocate addressed the issue of access to services at two substance abuse treatment centers. IPAS intervention resulted in the individual receiving services from one of the providers.

ACCESS: HELP AMERICA VOTE ACT

Increase awareness regarding voting rights of individuals with disabilities.

During this past year, 6,500 individuals received information concerning accessibility requirements under the Help America Vote Act of 2002 through a mailing done through a cooperative effort of the National Multiple Sclerosis Society and IPAS. Additionally, 700 individuals received training to conduct accessibility surveys to assist in increasing the accessibility of polling places, a collaborative effort between IPAS and the Governor's Planning Council. On Election Day, 2004, IPAS legal staff was available to answer calls and respond to disability access problems encountered by voters in the polls. This effort will be expanded for the 2006 elections. IPAS also collaborated with representatives of the Secretary of State's Office to produce a poll worker training video. IPAS focus was on the disability access aspects of the training video.

DID YOU KNOW?

The majority of ADA cases that IPAS staff open are resolved without filing formal complaints with the Department of Justice

ACCESS: ENSURING INDIVIDUALS WITH DISABILITIES HAVE ACCESS TO PROGRAMS, SERVICES, BUILDINGS AND HOUSING

ACCESS: ASSISTIVE TECHNOLOGY

This year IPAS represented 29 individuals with disabilities in their efforts to obtain assistive technology devices and services to enable them to function more independently in their communities. Some representative cases follow.

Representative case: Samantha is a 57-year-old resident of Greene County, Indiana. She had a diagnosed Muscular/Skeletal impairment (Quadriplegia) as a result of a traffic accident in 1996. Her condition developed into syringomyelia, a debilitating condition of the spinal cord. She is paralyzed from her chest down, although she does have use of her upper extremities. Samantha had an approved vocational goal of “homemaker.” Since the duties of a homemaker occasionally require standing, she requested that Vocational Rehabilitation Services (VRS) provide her with a piece of assistive technology known as an EasyStand 6000 Glider. The EasyStand Glider would assist her in her ability to function independently by providing support necessary for her to stand and complete household duties. This piece of equipment had been prescribed by Samantha’s Occupational Therapist. An administrative hearing was requested by Samantha to challenge the denial of this device. The Hearing Officer upheld the decision by VRS to deny funding for the device on the grounds that, while it might be medically necessary, the evidence was insufficient to show that it’s vocationally necessary.

Outcome: The IPAS advocate assisted Samantha in obtaining the device through her medical insurance provider.

Representative case: IPAS represented a 10-year-old child in efforts to obtain funding from the state Medicaid office for a new wheelchair. This child, a resident of Lawrence County, was diagnosed with cerebral palsy. The state Medicaid office generally denies funding for new wheelchairs when the old one is less than five years old regardless of the specific facts of the case. In this case, the old chair was no longer adequate because the child had recently had a G-tube inserted and he now needed a wheelchair that either tilts or reclines to facilitate use of the G-tube. His older wheelchair could not be tilted or reclined.

Outcome: The IPAS advocate entered into discussions with the state Medicaid office for prior approval, as well as various other involved parties. Through IPAS advocacy efforts, the state Medicaid office reversed their earlier denial and agreed to provide the wheelchair.

Other representative outcomes include:

- An individual with a severe speech impairment received an augmentative communication device through a Medicaid appeal with IPAS representation.
- Individuals received evaluations for various assistive technology devices.

DID YOU KNOW?

One in five Americans will at some point in their life experience a disability. That is 20 percent of the population. One in three families has a relative with a disability.

EMPLOYMENT AND EMPLOYMENT TRAINING

Historically individuals with disabilities have experienced a higher rate of unemployment or underemployment which represents a significant barrier to achieving the level of independence and productivity that many people with disabilities wish to attain. IPAS provides advocacy services for individuals that have a medically diagnosed physical or mental impairment which results in a substantial impediment to employment and are seeking or receiving services through Vocational Rehabilitation Services. This includes individuals who receive Social Security Disability Insurance or Supplemental Security Income and includes assisting individuals experiencing problems with return to work issues, obtaining or receiving workplace accommodations or have issues with employment service providers. This year IPAS represented 162 individuals in resolving employment related rights concerns.

Following are some representative cases that illustrate some of the barriers that individuals with disabilities have faced and have overcome with the assistance of IPAS.

Representative Case: “Annie”

is a 53-year-old Social Security beneficiary with mental illness who wanted to return to work. Annie took her “Ticket to Work” to Vocational Rehabilitation (VR) Services and requested services in the form of additional schooling to allow her to achieve her vocational goal of becoming a licensed practical nurse. Annie asked her VR Counselor to explain the Ticket program to her and stated that she wanted her Ticket assigned to VR. Annie’s VR Counselor was unable to provide her with information in regard to the program and refused to assign Annie’s Ticket. After Annie contacted IPAS she was provided with some basic information in regard to the Ticket to Work program and explained the benefits associated with the assignment of the Ticket. The IPAS Advocate then referred Annie to the benefits planning, assistance and outreach project for a benefits analysis. The IPAS Advocate also spoke to Annie’s VR Counselor and was able to get the Ticket assigned as Annie had desired.

Outcome: Annie continues to do well in school and her Ticket is still assigned to VR, affording her the safeguards inherent with the assignment.

Representative Case: “Andrea”

was a Social Security beneficiary completing a master’s degree program through VR. Andrea needed a vehicle modification to enable her to get to and from school as well as her job. Her previous vehicle had been destroyed in an accident. VR refused to modify the vehicle she had bought for two reasons: VR stated that they would not do more than one vehicle modification for any customer and the vehicle that Andrea wanted modified was an SUV (sport utility vehicle).

Outcome: The IPAS Advocate successfully negotiated with the VR Counselor in regard to Andrea’s need for this second vehicle modification. VR initiated and completed an evaluation that found the SUV could not be modified in the manner in which Andrea first requested. Andrea researched and found that a second type of modification could be completed on her SUV. VR refused to complete a second evaluation. Andrea then paid for a second evaluation herself and that evaluation documented that her vehicle could indeed be modified with a specific type of wheelchair lift. The IPAS Advocate successfully represented Andrea in an administrative hearing asserting that VR should reimburse Andrea for the second evaluation and modify her vehicle.

DID YOU KNOW?

Individuals with disabilities experience higher unemployment rates than individuals without disabilities. Less than 50 percent of Indiana’s Special Education students in a survey were employed full-time four years after leaving their high school

EMPLOYMENT AND EMPLOYMENT TRAINING

Representative Case: “Steve” is a 37-year-old individual with quadriplegia who works for a government agency. Steve also receives SSI and Medicaid which helps to pay for his twice daily required attendant care. All of the employees at Steve’s agency received a pay raise beginning 1/1/2004. This pay raise would jeopardize his SSI/Medicaid eligibility. IPAS worked with Steve to ensure that he was taking advantage of all work subsidies for which he was eligible. IPAS also worked with Steve to ensure that accurate information regarding his work subsidies was provided to Social Security.

Outcome: By informing Social Security of the work subsidies which his employer was providing him, Steve’s Social Security eligibility was preserved. Steve continues to work full time and maintain his SSI/Medicaid eligibility so as to be able to pay for his attendant care.

DID YOU KNOW?

Seventy percent of individuals with disabilities that want to work are unemployed. Those who do work receive income levels 40 percent lower than others.

Other representative outcomes of IPAS intervention include:

- Individuals with disabilities found eligible for Vocational Rehabilitation Services after initial denials as a result of IPAS representation.
- High school students with disabilities received improved transition planning better preparing them to enter vocational training and employment after leaving school.
- Individuals received appropriate assessments to determine their needs for training and equipment.
- Individuals received computers and other technological equipment to help them prepare for and engage in employment.
- Individuals received transportation and funding for transportation to vocational training programs funded by VRS.
- Individuals received increased VRS financial assistance to support self-employment endeavors.
- College and vocational school students received increased financial assistance from VRS for their educational program.
- Individuals received prosthetic and assistive technology devices to assist them in functioning more independently.

All of the above outcomes assist individuals with disabilities in their goal to secure maintain or regain employment.

IPAS SUPPORTS THE DEVELOPMENT OF GROUPS, COMMITTEES, AND ORGANIZATIONAL WORK

CRISIS INTERVENTION TEAM SUPPORT

IPAS supports the creation and/or development of Crisis Intervention Teams at one Indiana City Police Department.

During this year, a number of Indiana's city police departments developed crisis intervention teams. A total of 265 individuals attended CIT events at several different locations during the year. Support from IPAS continues for those ongoing programs as well as several new entities. The following law enforcement entities were represented:

- Marion County Sheriff Department's Patrol Officers and Jail Personnel
- Warren Township School Police
- Lawrence Township Police Department
- Butler University Police Department
- Wayne Township Fire Department (EMS)
- Lafayette City Police
- Indianapolis Police Department
- Fort Wayne Police Department

ACCESS FOR INDIVIDUALS WITH DISABILITIES THROUGH PARTICIPATION ON THE ADA STEERING COMMITTEE.

IPAS participates on the state's ADA Steering Committee as a means to promote increased access for individuals with disabilities and to promote compliance with and awareness of the Americans with Disabilities Act.

Some outcomes included:

- IPAS serves as host for monthly ADA teleconferences which examine various ADA rights issues and which are advertised and open to the public.
- The Steering Committee sponsored a "Put a Face on the ADA" calendar to help increase awareness of the ADA.

ACCESS TO POLLING PLACES

In conjunction with the Governor's Planning Council IPAS assisted in training surveyors to conduct accessibility surveys during the May primary elections. In addition to actually providing materials, several IPAS employees participated in the survey process, funded by IPAS. Polling places throughout the state were surveyed during the November national election. Based on the surveys conducted in Marion County as well as those surveys completed elsewhere in the state during the May primary elections, IPAS helped Secretary of State Todd Rokita's office ensure the compliance of polling sites used as outlined in the Help America Vote Act.

INDIANA SECRETARY OF STATE'S OFFICE

IPAS assisted the Secretary of State's Office with the production of a voting rights training video. IPAS focused on the disability rights and accessibility aspects of the film and reviewed the film to make sure that the examples of ADA-compliant scenes were in fact ADA compliant. IPAS has reviewed the distribution list created by the Secretary of State's office and added organizations appropriate for widespread distribution of the video. Once the final version of the videos is available, IPAS has developed a plan to contact designated organizations around the state and propose a collaborative effort to train persons with disabilities about voting rights, particularly those in residential settings.

IPAS SUPPORTS THE DEVELOPMENT OF GROUPS, COMMITTEES, AND ORGANIZATIONAL WORK (CONT.)

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICE'S COMMUNITY RESIDENTIAL FACILITIES COUNCIL

Some representative outcomes include:

- Protecting the health and safety of individuals living in Medicaid waiver-supported settings by instituting a review by the Council of all waiver and support services provider licenses.
- Promoting awareness of resident rights in all Council deliberations.
- Influencing policies to promote and preserve resident rights.

MARION COUNTY MENTAL HEALTH ASSOCIATION'S GUARDIANSHIP COMMITTEE

Some representative outcomes included:

- Preserving the rights of the 50 individuals with disabilities to the maximum extent possible, as the Committee acts as their legal guardians.
- Advocating against guardianship for individuals who can manage their own affairs.
- Advocating for limited guardianships where appropriate to preserve rights.

NORTHEASTERN INDIANA REGIONAL SERVICES COMMITTEE AND CENTRAL INDIANA REGIONAL SERVICES COMMITTEE (FSSA)

The goal of IPAS participation is to influence the development of the Regional Services system so as to maximize access to services for individuals and to make individuals' rights a central and enduring consideration in all things as the regional services centers develop.

INDIANA'S PARTNERS IN JUSTICE

IPAS sponsored and conducted a statewide conference, "Unequal Justice in Indiana? Making the Case for People with Developmental Disabilities." Sixty-one participants representing the spectrum of those interested in equal access i.e., self-advocates, judicial system, victims representatives, law enforcement, department of corrections, community corrections boards, providers, government participated in the working conference, which was held on September 21, 2004. The 1437 Curriculum Development Committee which is developing a training curriculum for law enforcement and correction staff that reflects offenders' rights and responsibilities has been monitored by IPAS and monitoring will be continued in Fiscal Year 2005.

THE BRAIN INJURY ASSOCIATION OF INDIANA

IPAS partnered with entities serving individuals with traumatic brain injury (TBI) to identify services within the state of Indiana.

IPAS is in the process of printing a new resource manual for individuals with TBI. The Brain Injury Association of Indiana developed the manual and IPAS will also pay for the mailing to distribute this to individuals with TBI, their families, and professionals working in the field of TBI.

Year in review

IPAS OUTREACH TO THE PUBLIC AND TO INDIVIDUALS WITH DISABILITIES

NEW VISUAL IDENTITY: IPAS began a new outreach campaign this year to better serve our customers. We have updated our organization's identity, including a new logo and branding concept, which is now used on all new materials. The CAP, PABSS, PATBI, Agency and Complaint Resolution brochures were all redesigned this year to incorporate the new IPAS identity.

IPAS CONFERENCES: The 2nd Annual Human Rights Committee Conference, in August 2004, brought together participants from human rights committees across the state. This two-day workshop covered a variety of topics about human rights Committees and explored the ethical and philosophical basis for human rights committees. The second day featured Dave Hingsburger who helped participants look at causes and prevention strategies for people with developmental disabilities being sexually assaulted.

In September 2004, IPAS brought Peter and Pamela Wright to Indiana for a one-day Special Education conference covering advocacy training for parents, educators, health care providers, advocates and attorneys who represent children with disabilities in special education.

Also in September, IPAS hosted the "Unequal Justice in Indiana? Making the Case for People with Developmental Disabilities" conference. This conference discussed the challenges of people with disabilities when dealing with the justice system. The one-day conference explored the extent of the problem, barriers to equal justice in Indiana, practices from other states, and discussion of an Indiana "call to action."



Peter and Pamela Wright

IPAS COLLABORATIONS: IPAS collaborated with Fort Wayne Community Schools to design and produce a transition booklet for students and with the Brain Injury Association of Indiana to create a brain injury resource directory for individuals with traumatic brain injury.

In June, IPAS sponsored the 1st Power Soccer World Invitational. Held in Fishers, Indiana, the event was host to 145 athletes from Japan, France, Canada and the United States. This was the largest tournament for power wheelchair users in the history of the sport.

IPAS also cosponsored conferences for Dual Diagnosis, Affordable Housing, the ARC of Indiana, and the Brain Injury Association of Indiana to name only a few.

EDUCATION AND TRAINING: IPAS staff participated in 219 education and training events, reaching over 22,016 individuals. These events included exhibit booths, presentations, and conferences. Under a contract with IPAS, the Mental Health Association in Indiana delivered 156 Resident and treatment rights training sessions, reaching a total of 2,043 residents and staff of the state-operated facilities for individuals with mental illness.

MEDIA AND PUBLICATIONS: IPAS staff participated or impacted several earned media stories this year, including a radio interview on Radio Disney's Kids' Issues show, and an article in the Indianapolis Star regarding the Indiana High School Athletic Association rules change which allows students in special education to participate in school sports. IPAS also facilitated an article regarding voting in the MS Society newsletter and an article about IPAS in the FSSA Employee newsletter.

There were approximately 30,105 IPAS publications, booklets and brochures disseminated to the public in 2004, and the Impact Newsletter was published twice this year and distributed to approximately 14,000 individuals.



David Hingsburger

IPAS AND THE WEB: The IPAS Web site has been used extensively this year with 606,336 visits. Advocacy links continue to be added and the IPAS newsletters, publications and priorities are all available online.

The IPAS Web site also was used to alert IPAS constituents of opportunities to impact IPAS future priorities by having a link to the online disability “Critical Barriers” survey. Efforts are also well under

way to completely revamp the IPAS Web site to be more a user-friendly design with more resources for self-advocacy. The target date for the new site is fall 2005. This year an increased number of requests for assistance were made to IPAS via e-mail. IPAS information and referral specialists fielded hundreds of such requests and provided helpful technical assistance to IPAS client.

PRIORITY INPUT

A public meeting was held Aug. 14, 2004, for members of the public to make comment to the IPAS Commission about the proposed priorities for FY 2005. Comments are solicited via letter, phone call and e-mail. A disability critical barriers survey was conducted in

conjunction with the Indiana Institute on Disability and Community during Sept. – Nov. 2004. The Institute will analyze the data resulting from the survey and this information will be used by the Commission to determine next year’s priorities.

IPAS OUTREACH TO MINORITY AND UNDERSERVED INDIVIDUALS WITH DISABILITIES

This year IPAS minority outreach efforts included promoting the IPAS Web site as a link on other organizations’ Web sites. Some of the Web sites now featuring IPAS as a link are the Indiana Civil Rights Commission, United Way of Greater Indianapolis, Hispanic Ministries in the North Indiana Conference, and the Ft. Wayne Urban League.

IPAS staffed a booth at Indiana Black Expo in summer 2004 and developed a fact sheet to hand out at the Expo further reaching the minority community. IPAS articles about voting accessibility were published in the Indianapolis Recorder and the Indiana Minority Health Coalition Lifestyle Magazine. The Lifestyle Magazine printed the voting article as well as a minority outreach

advertisement in both English and Spanish. IPAS distributed PAIMI brochures at the Mental Health Ministries Education Conference to approximately 300 clergy.

A minority-owned contractor assisted in “getting the word out” in minority communities via e-mail, Web site links, newsletter articles and brochure placements. Beneficial contacts were established with the Bemidji tribes, the American Indian Coalition Resource Center for Indiana, the American Indian Center, and the American Indian Movement. Similar outreach efforts were made to Indiana’s African American and Latino communities. IPAS also continues to make special efforts through mailings each quarter to recruit minority individuals who are interested in serving on the IPAS Commission or Mental Illness Advisory Council.

IPAS PROVIDES HIGH-QUALITY ADVOCACY

IPAS believes that asking our clients to rate our services is a vital part of maintaining quality advocacy services. IPAS mails satisfaction questionnaires to individuals who request information and referral services and to those who are represented by IPAS staff. In addition,

IPAS uses an independent contractor to conduct telephone satisfaction interviews when possible. The responses indicate that our clients overwhelmingly find IPAS staff to be respectful, knowledgeable, professional and prompt. In addition almost 80 percent of the respondents to the surveys indicate that they were satisfied with the services they received from IPAS.

IPAS PROVIDES TIMELY AND ACCURATE INFORMATION FOR MANAGEMENT AND REPORTING.

IPAS began using a secure and confidential Web-based client database this year, which in addition to making it easier for staff to maintain client files also makes case notes immediately available to supervisors. The changeover to the Web-based client database is having several beneficial outcomes. In addition to

improving supervisory oversight, it is also speeding the production of data needed for the annual reports to the federal funding sources and is improving access to various reports which are proving to be extremely valuable to staff in managing their casework activities, preparation of quarterly reports for the Commission, as well as providing information needed for overall agency management.

Relationships with other Agencies

RELATIONS WITH OTHER AGENCIES ARE ENHANCED BY IPAS PARTICIPATION ON MULTIPLE INTERAGENCY COMMITTEES, COUNCILS AND TASK FORCES. THE FOLLOWING IS A SAMPLE OF IPAS INTERAGENCY PARTICIPATION AND COOPERATIVE EFFORTS:

- ARC of Indiana
- Indiana Institute for Disability and Community
- Governor's Council for People with Disabilities
- Count Us In
- Partners in Policymaking
- Governor Kernan's Office
- Indiana Secretary of State Rokita's Office
- Indiana Coalition Against Sexual Assault
- Indiana Department of Corrections
- IN Society of Health Risk Managers
- RISE Learning Center
- Partners in Justice Indiana Team
- Family and Social Services Administration
- Social Security Administration
- Developmental Disabilities Residential Facilities Council
- Southeast Regional Services Center (SERSC)
 - Quality Assurance Team
 - Transition Council
 - Community Capacity Building Team
- Bureau of Developmental Disabilities Services (BDDS) Advocates Group
- Muscatatuck State Developmental Center (MSDC) Human Rights Committee
- Fort Wayne State Developmental Center Human Rights Committee
- Logansport State Hospital Human Rights Committee
- Evansville State Hospital Human Rights Committee
- Richmond State Hospital Human Rights Committee
- Evansville Psychiatric Children's Center Human Rights Committee
- LaRue Carter State Hospital Human Rights Committee
- Madison State Hospital Human Rights Committee
- NAMI Fort Wayne, Indiana
- NAMI West Central Indiana
- NAMI East Central Indiana
- Indianapolis Chapter of NAMI
- State Rehabilitation Commission
- Brain Injury Foundation of Indiana
- Mental Health Consortium
- Muskatatuck/Madison Regional Steering Committee
- Mental Health Association in Indiana (MHAI)/Policy Committee
- Mental Health Association in Marion County (MHAMC)
- Adult Guardianship Committee
- Indiana Association for the Education of Young Children
- Housing Opportunities for People With AIDS
- Fort Wayne School Corporation Community Transition Team
- Indiana Association of Rehabilitation Facilities
- Assistive Technology Standards Group
- Miami Nation of Indians
- Hispanic Center
- Spinal Cord Injury Support Group
- Center for Behavioral Health
- First Steps
- KEY Consumers

IPAS would like to thank all of these organizations for their continued support. Our ability to meet our mission to provide protection and advocacy is enhanced by partnerships and collaboration.

IPAS COMMISSION

PATRICIA L ANDERSEN*
LAKE CO

VICKI CONLIN
SECRETARY
CLARK CO

KRISTIE M CARTER*
CHAIRPERSON
MARION CO

SARAH EMERSON*
VIGO CO

LISA FLOYD
MADISON CO

REBA JACKSON
MARION CO

VERONICA MACY*
VICE CHAIRPERSON
HAMILTON CO

GARY MAY
WARRICK CO

MELANIE MOTSINGER
ALLEN CO

KATHY OSBORN
MARION CO

WILLIAM RIGGS PHD
HANCOCK CO

ALAN SPAULDING
BLACKFORD CO

CECILIA WEBER
TIPPECANOE CO

ADVISORY MEMBERS

ROBERT N JACKMAN DVM
SENATOR
DECATUR/FAYETTE/
FRANKLIN/RUSH
SHELBY CO

JOHN J DAY
REPRESENTATIVE
MARION CO

IPAS MENTAL ILLNESS ADVISORY COUNCIL

PABLO GARCIA JR*
HOWARD CO

LISA GIBSON*
PUTNAM CO

MERRILL GRILE*
VICE CHAIRPERSON
MADISON CO

JAMES F HURST*
SECRETARY
HOWARD CO

PAMELA MCCONEY*
HAMILTON CO

CHARLES A. PRESSLER PHD*
ST JOSEPH CO

RON RIGGS PHD*
HOWARD CO

CECILIA WEBER*
CHAIRPERSON
TIPPECANOE CO

TERRY A WHITE*
WARRICK CO

ERIC WRIGHT PHD*
MARION CO

EXECUTIVE STAFF

THOMAS GALLAGHER
EXECUTIVE DIRECTOR

MILO GRAY JR
LEGAL AND CLIENT SERVICES
DIRECTOR

GARY RICHTER
SUPPORT SERVICES
DIRECTOR

SUPPORT SERVICES

JOYCE COOK
SECRETARY

ANTHONY LIGGINS
DATA ENTRY CLERK

ELIZABETH NAJAR
PROGRAM SPECIALIST

KAREN PEDEVILLA
EDUCATION/TRAINING
DIRECTOR

SONDRA POE
ADMINISTRATIVE SECRETARY

LORI SANDERS
ACCOUNT CLERK

JUDITH I WADE
FISCAL OFFICER

CLIENT AND LEGAL SERVICES

DEBRA DIAL
ATTORNEY
PAIR PROGRAM
COORDINATOR

GARY RICKS
ATTORNEY
PAAT PROGRAM
COORDINATOR

JENNIFER WOODS
ATTORNEY
PAVA PROGRAM
COORDINATOR

SUE BEECHER
ASSISTANT DIRECTOR
OF CLIENT SERVICES
PABSS/CAP/PATBI
PROGRAM COORDINATOR

DAVID BOES

ASSISTANT DIRECTOR OF
CLIENT SERVICES
PAIMI PROGRAM
COORDINATOR

DEE ENRICO-JANIK
ASSISTANT DIRECTOR OF
CLIENT SERVICES
PADD PROGRAM
COORDINATOR

VIVIAN BRADLEY
ADVOCACY SPECIALIST

DONNA DELLINGER
ADVOCACY SPECIALIST

DEBBIE DULLA
ADVOCACY SPECIALIST

CANDACE FEGLEY
ADVOCACY SPECIALIST

DOUG GOEPPNER
ADVOCACY SPECIALIST

ALLYSON C KEITH
ADVOCACY SPECIALIST

BONNIE KIRK
ADVOCACY SPECIALIST

PEGGY OWENS
ADVOCACY SPECIALIST

AMY J PENROD-SPICER
ADVOCACY SPECIALIST

LOLITA THOMPSON
ADVOCACY SPECIALIST

DANIEL WARD
ADVOCACY SPECIALIST

BONNIE WEAVER
ADVOCACY SPECIALIST

TERRY WHITEMAN
ADVOCACY SPECIALIST

CATHY WINGARD
ADVOCACY SPECIALIST

MEMBER RECRUITMENT

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities. Commission members must have a commitment toward promoting the legal and civil rights of persons with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own personal choices.

The IPAS Commission consists of 13 members. The Governor appoints four. The remainder are appointed by majority vote of the membership. Commission members serve three-year terms. For more information contact 800.838.1131.

The Mental Health Advisory Council consists of 10 members appointed by the Governor to serve a non-renewable four-year term.

*Gubernatorial appointment

This publication was made possible by funding support from the Administration for Children and Families (38%), the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (28%), the Health Resources and Services Administration, Maternal and Child Health Bureau (2%), all within the U.S. Department of Health and Human Services and from the U.S. Department of Education, Office of Special Education and Rehabilitation Services (27%), and the Social Security Administration (5%).

These contents are solely the responsibility of the grantee and do not necessarily represent the official views of state or federal government.

The logo for IMPACT, with the letters in a bold, sans-serif font. The 'I' is blue, 'M' is purple, 'P' is orange, 'A' is orange, 'C' is purple, and 'T' is blue.

FOR MORE INFORMATION

4701 N KEYSTONE AVE #222
INDIANAPOLIS IN 46205

PHONE 317.722.5555

STATEWIDE TOLL-FREE 800.622.4845

TTY 800.838-1131 OR 317.722.5563

FAX 317.722-5564

WWW.IN.GOV/IPAS



4701 N KEYSTONE AVE #222 INDIANAPOLIS IN 46205

PRESORTED
STANDARD MAIL
U.S. POSTAGE
PAID
INDIANAPOLIS, IN
PERMIT No. 803